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ATTORNEYS AND COUNSELORS AT LAW

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CENTRAL FAX CENTER****NOV 15 2006**Suite 600
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(612) 334-8993**To: Examiner Patricia Bianco
Group Art Unit: 3761
Serial No.: 10/804,929
Company: United States Patent and
Trademark Office
Location: Arlington, VA
Phone: 571-272-4940
Fax: 571-273-8300****From: Patrick J. O'Connell****Direct phone: 612-334-8993****Date: November 15, 2006****Pages including cover sheet: 11****Reference #: 335****Comments:****Certificate of Facsimile Transmission (37 C.F.R. § 1.8(a))**I hereby certify that 11 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:Date: November 15, 2006Signature: Jodi JungName: Jodi Jung**THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED SOLELY FOR THE USE OF THE PERSONS OR ENTITIES NAMED ABOVE. IF YOU ARE NOT SUCH PERSONS OR ENTITIES, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION, DISSEMINATION OR REPRODUCTION OF THIS FACSIMILE MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE IMMEDIATELY CALL US COLLECT AT (612) 334-8989.**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Nicola Ghelli et al. Attorney Docket: DID1039USD1
 Serial No.: 10/804,929 Group Art Unit: 3761
 Filed: March 19, 2004 Examiner: Patricia Bianco
 For: DEVICE FOR OXYGENATING BLOOD IN AN
 EXTRACORPOREAL CIRCUIT

TRANSMITTAL LETTER

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Response (8 pages).

[] The fee for a ____-month extension of time is enclosed.

[X] No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	5	Minus	20	0	x 25		x 50	0
Independent	3	Minus	3	0	x 100		x 200	0
First presentation of multiple dependent claim					x 180		x 360	0
Total							Total	50

[] Please charge Deposit Account No. 16-2312 in the amount of
 \$ _____ to cover the fee for _____.

Certification of Facsimile Transmission

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Date: November 15, 2006Signature: Jodi JungName: Jodi Jung

Transmittal Letter
Applicants: Nicola Ghelli et al.
Serial No.: 10/804,929

Attorney Docket: DID1039USD1


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NOV 15 2006

- ☐ A check in the amount of \$ _____ is enclosed to cover the fee for a _____.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2312.
- ☐ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Date: Nov 15, 2006

By: 
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AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 15, 2006, please amend the claims and enter the remarks as follows.

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